JAMES E. RISCH - Governor KARL B. KURTZ - Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

CERTIFIED MAIL: 7000 1670 0011 3314 7296

August 17, 2006

Janet Walker-Anderson, Administrator Portneuf Nephrology Center 2001 Bench Road Pocatello, ID 83201

FILE COPY

RE: Portneuf Nephrology Center, provider #132506

Dear Ms. Walker-Anderson:

Based on the survey completed at Portneuf Nephrology Center on August 3, 2006 by our staff, we have determined that Portneuf Nephrology Center is out of compliance with the Medicare ESRD Conditions of Participation on Governing Body and Management (42 CFR 405.2116), Patient Long Term Program And Patient Care Plan (42 CFR 405.2137 and Minimal Service Requirements (42 CFR 405.2163. To participate as a provider of services in the Medicare Program, an ESRD must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

The deficiencies, which caused this condition to be unmet, substantially limit the capacity of Portneuf Nephrology Center to furnish services of an adequate level or quality. The deficiencies are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567).

You have an opportunity to make corrections of those deficiencies which led to the finding of non-compliance with the Condition of Participation referenced above by submitting a written Credible Allegation of Compliance. Such corrections must be achieved and compliance verified, by this office, before September 18, 2006. To allow time for a revisit to verify corrections prior to that date, your Credible Allegation must be received in this office no later than September 8, 2006.

A credible allegation is a statement or documentation:

- Made by a provider/supplier with a history of having maintained a commitment to compliance and taking corrective actions if required.
- That is realistic in terms of the possibility of the corrective actions being accomplished between the exit conference and the date of the allegation, and
- That indicates resolution of the problems.

In order to resolve the deficiencies the facility must submit a letter of credible allegation to the Department, which contains a sufficient amount of information to indicate that a revisit to the facility will find the problem corrected.

As mentioned above, the letter of credible allegation must indicate that the problems have been corrected as of the date the letter is signed. Hence, a plan of correction indicating that the correction(s) will be made in the future would not be acceptable. Please keep in mind that once the Department receives the letter of credible allegation, an unannounced visit could be made at the facility at any time.

Failure to correct the deficiencies and achieve compliance will result in our recommending that CMS terminate your approval to participate in the Medicare Program. If you fail to notify us, we will assume you have not corrected.

We urge you to begin correction immediately.

If you have any questions regarding this letter or the enclosed reports, please contact me at (208)334-6626.

Sincerely,

SYLVIA CRESWELL

Supervisor

Non-Long Term Care

GG/mlw

**Enclosures** 

## Da\ita... Gate City Dialysis

September 6, 2006

Gary Guiles, RN Health Facility Surveyor Bureau of Facility Standards PO Box 83720 Boise, Id 83720-0036

RECEIVED

SEP - 7 2006

Dear Gary Guiles:

FACILITY STANDARDS

I have enclosed our Plan of Correction in regard to the survey you conducted at Gate City Dialysis on 07/31/06 through 8/03/06. I would like to invite you to revisit at any time to verify that compliancy has been achieved.

Thank-you for your help and assistance during this time.

Sincerely, Janet Walker Underson

Janet Walker-Anderson, Facility Administrator

Gate City Dialysis

2001 Bench Road

Pocatello, Id. 83201

9-8-06 645 PM. I spoke with Taner Walker-Anderson by telephone. She started to change all of the completion dates to 9-12-06 in order that we would have time To conduct a follow up survey prior to the 45thlay:

Pocatello, Idaho 83201

## RECEIVED SEP-7 2006

FACILITY STANDARDS

PRINTED: 08/17/2008 PORM APPROVED OME NO. 1838-0391 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES DES MALTIPLE CONSTRUCTION COMPLETED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIER/CLIA WYS)THEATION MINISTRE A, HUKLDING B, WING 08/03/2006 132508 OTREET ADDRESS, CITY, STATE, ZIP COOK NAME OF PROVIDER OR SUPPLIER 2004 BENCH ROAD PORTNEUF NEPHROLOGY CENTER, LL. POCATELLO, DI 83201 OVA CONFLETION DATE PROMINERS PLAN OF CORRECTION GIDBBARY BYATEMENT OF DEFICIENCIAS (EACH DEPICIENCY MUST BE PRECEDED BY PULL REQULATORY OR LEO IDENTIFYING INFORMATION) ið PREFIX (EACH CORRECTIVE ACTION SHOULD BE GROOD-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 V 000 INITIAL COMMENTS The Governing Body has reviewed The following deficiencies were alted during the complaint and recertification survey of your the Statement of Deficiencies and has formed a comprehensive action facility. The surveyor conducting the raview was plan to ensure Davita Policy and Gary Gulles, RN, NFS. Procedures are followed and deficiencies are corrected. The Acronyms used in this report include: Governing Body will review CEO = Chief Executive Officer progress of the plan and ensure ESRD = End Slage Renal Disease implementation. H&P = History and Physical Examination LPN = Licensed Practical Nurse MSW = Medical Social Worker PCP = Patient Care Plan PEG tube = Perculaneous Endoscopic Gustrostomy tube 9-17-06 V110 GOVERNING BODY AND MANAGEMENT V 110 Y 110 405,2138 GOVERNING BODY AND The Governing Body has MANAGEMENT determined that many of the problems cited in this report are due The ESRD facility is under the control of an to difficulties with transition of identifiable governing body, or designated person(s) so functioning, with full legal authority medical records associated with a and responsibility for the governance and recent change of ownership. Gate pagration of the facility. City Dialysis was a newly acquired clinic by Davita in April, 2006. This CONDITION is not met as evidenced by: Prior patient information has not Based on review of clinical records and facility been available for dietitian and policies and occurrence reports, and patient and staff interview, and abservation, it was social worker notes, but has been determined the governing body failed to assume requested from the previous responsibility for the governance and operation of management of the facility. Charts the facility. The governing body falled to appoint an administrator who assumed responsibility for are in the process of being reconstructed as needed. Refer also the overall management of the facility (V129); failed to adopt comprehensive policies for the to V129. provision of social services and development of

Any delicionary stitisment enting with an astariak (\*) denotes a delicionary which the manuation may be excused from correcting providing it is determined that other satisfactors provided provide sufficient protection to the patential close translational. Except for receiving there are the feedings estated shows are disclosurable to anywhich are transported provided. For purishing bothers, the above findings and plane of correction are disclosurable to desperit before the date three documents are made available to the facility. If deficiencies are clied, an approved plane of correction is requisite to confining program posticipation.

PORM CASI-2687(00-00) Previous Ventions Condists

plens of care (V142); and falled to essume

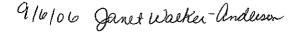
responsibility for maintaining and implementing

Event ID: B1FL11

PHOPHY TO: DEPINO

(V110 continued nn page 2)

tf continuation about Page 1 of 25



ENTER TEMENT PLAN OF	S FOR MEDICARE OF DEPICIENCIES OCRRECTION	& MEDICAID SERVICES ON) PROVIDENSUPPLIENCES (DENTIFICATION NUMBER)	(A. BESEDONG	LE CONSTRUCTION	COMPLET	rygy Eo
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ORTNE	IF WEIPHROLOGY C	enter, LL	P	DCATELLO, ID 83291		
OCA) ID PRESPOX TAG		TEMENT OF DERICENCES MUST BE PRECEEDED BY FULL SE IDENTIFYING MECHANION)	PROPEK YAS	PROVIDER'S PLAN OF CORP (EACH CORRECTIVE ACTION & CADER-REFERENCED TO THE A DEFICIENCY)	HOLD BE HOLD BE PROPRIETE	CONFLATION
V 110	Continued From p	age 1 colicios and procedures that	V 110	(V110 continued from page Care plans will include a	n attached	9-17-06
	ensured reports of reviewed to identify V146). In addition	tricidents and procedure were y health and safety hezards , the governing body failed to e plans were developed, of non-compliance with the		sheet for progress notes specifically address pati- including social service also to V142.	ent's needs,	
	Condition of Participand Care Plan (V' felled to ensure and participant and pa	ilpation: Long 19th Program 186), The governing body also ctal services were provided to in a farsing of non-compliance of Participation: Minimal		Late entries have been control both incidents as well as necessary testing of involvable has been completed to ensafety of all patients control of the contr	AORs. All lived patients nsure the cerned.	
V 129 406.2138(c) CHIEF EX			V 125	Quality Committee has a incidents, and this will b on-going basis. Any ide learning needs will be ac	e done on an ntified	
exectification and re- and re- and se- their p	executive officer administrator is n management of t and regulations n and safety of pet their porsonne and descriptions and administration administration and administration administration and administration admin	rly appoints a qualified chief who as the EERD facility's assponable for the overall he facility, enforces the rules elective to the level of health care leads, and to the protection of a property rights; and plans, treets those responsibilities by the governing body.		Refer also to V146.  The CSS audited all paticare Plans and Long-ter will be brought current, tool will be utilized to excompleted timely. Social are now current. Refer a and V440.	ent charts. Al m Care Plans A tracking nsure all are al assessments	
İ	Based on review policies, and occ interview and pa	Is not met as evidenced by:  of clinical records, facility surrance reports, and staff final interviews, and observation id the governing body and the administrator failed to assume	1	FA will be responsible.		
	responsibility for facility. The find	The Overlate weredistrious or mo		V129 - Please refer to pa	age 3	

Kward ICh STFLTS

PORM ONE-SSETEIZ-00) Provious Vervious Charloto

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMP NO. 0988-0391 CENTERS FOR MEDICARE & MEDICARD SERVICES OS) DATE BURVEY COMPLETED (X1) PROVIDER/BUPPLIERICUA IDENTIFICATION NUMBER: DOD MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION BUILDING B. WHO. 132508 DB/03/2006 OTFEET ADORESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2001, BENCH ROAD PONTNEUF NEPHROLDGY CENTER, LL POCATELLO. ID 83201 PROVIDER'S PLAN OF CORRECTION (CACH CORRECTIVE ACTION SIMULID BE CROSE REFERENCED TO YHE APPROPRIATE PAR MARTEN DATE Builmany Statement of Deparences Deach deficiency meet by Preceeded by Full Regulatory or LSD Identifying Represention) Ю (XA) ID PREFIX TAG PREFIX TAG DEPICIENCY V129 CHIEF EXECUTIVE V 128 9-17-06 V 129 Continued From page 2 **OFFICER** fellad to maintain and Implement written 1. Patient charts have been personnel policies for the provision of social requested from previous services and the development of plans of care. management. Social worker has Refer to V142 as it relates to the lack of direction to staff regarding social services and plans of brought psychosocial assessments current with the use of current care plans and progress notes. Care 2. The governing body and the administrator plans will be patient specific failed to develop policies and procedures to investigate eignificant incidents. Refer to V148 so including addressing social functioning and adjustment. Charts it relates to the lack of a systematic procese to investigate algorificant events in order to prevent will be audited at 10% monthly for future occurrences. thorough documentation. The CSS will be available in the clinic for 3. The governing body and the edministrator education and support beginning the failed to ensure PCPs were based on an assessment of patients' needs. Refer to V192 as 29th of August through September 8. it relates to the lack of comprehensive Refer also to V445 and v447. assessment of patient needs. 2. Staff was in-serviced on August 29 regarding policies and 4. The governing body and the administrator procedures relating to adverse falled to ensure PCPs were individualized and reflected patient needs. Refer to V193 as it occurrences. Adverse occurrences relates to the lack of personalized PCPs to will be reviewed through the QI address individual patient needs. process at Quality Committee meetings. Staff was instructed on 6. The governing body and the administrator complete and timely documentation. falled to ensure staff ration must patient needs. Refer to V433 as it relates to the lack of sufficient Staff was also in-serviced regarding staff to meet patient needs. preparing access sites for treatment such as taping securely and ensuring 6. The governing body and the administrator access sites are uncovered during falled to ensure social services were provided to patients and families. Refer to V445 as it relates treatment. FA will report to CQI to line lack of social services provided to patients. monthly. FA will monitor by random observation. Refer also to 7. The governing body and the administrator V146. (V129 cont. on page 4) tailed to ensure social services were provided

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PRINTED: 05/17/2005

FORTH ID: DEFNO

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FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES MB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES OCH DATE SURVEY DOI MULTIPLE CONSTRUCTION OX1) PROVIDER/SUPPLERICUA IDENTIFICATION NUMBER STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION A BUILDING B. WHIG 08/03/2006 132506 STREET ADDRESS, CITY, STATE, ZP CODE NAME OF PROVIDER ON SUPPLIER 2001 BENCH ROAD PORTNEUF NEPHOROLOGY CENTER, LL POCATELLO, ID 83201 PROVIDERS PLANCE CORRECTION (EACH CORRECTIVE ACTION SHOULD SE CHOSSIREFERENCED TO THE APPROPRIATE CEDAPLETHON CEDAPLETHON CATE SIMMARY STATEMENT OF DEFECTION OF SECULATION OF LIST HE PRECEDED BY FILL REGULATORY OR LSC IDENTIFYING DIFORMATION PREFEX TAG (MA) IP PREFOX TAG DEPICIENCY (V129 continued from page 3) V 129 Continued From page 3 V 129 3. Patient needs will be addressed beand on an assessment of psychosocial needs. specifically in care plans and will Refer to V447 as it relates to the teck of address psychosocial needs and psychosocial assessments. family social needs. Social worker has completed current psychosocial V 142 V 142 405.1238(d) PERSONNEL PIP: GOOD CARE assessments with the use of current care plans and progress notes. Care The governing body, through the chief executive officer of the ESRD facility, is responsible for maintaining and implementing written personnel plans will be patient specific including addressing social functioning and adjustment. Refer policies and procedures that support sound also to V192. patient care. 4. Patient charts have been requested This STANDARD is not met as evidenced by: from previous management. Care The governing body and the CEO (administrator) plans will be patient specific of the ESRD facility felled to maintain and including addressing social implement written personnel policies and functioning and adjustment. procedures that supported sound patient care.
The governing body and the CEO falled to adopt Psychosocial assessments have been comprehensive policies for the provision of social brought current. The CSS will be services and development of plans of care. This available for assistance and support resulted in the inability of the facility to provide beginning the 29th of August through social services and develop complete PCPs. The September 8. Refer also to V193. findings include: 5. Staffing ratios have been adjusted. 1. The policy "Provision of Social Services", dated Staffing is planned to address patient 1/2/02, stated social pervices would be provided needs and to reflect company and said "The amount of time the Social Worker standards. Because of the recent spends in the facility will be dictated by the needs of the patient." The policy stated a psycho-social systemation would be completed within 60 days but change in ownership, teammates have been learning new procedures did not outline what items the evaluation should and new machines since April, 2006. include. The policy also said the MSW would absent. Refer also to V433. participate in the development of care plans for all patients but did not state how this was to occur (V129 continued on page 5)) since the care planning document did not contain a paction for social service plans. The policy stated the MSW would write a progress note on ti composion sitest Page 4 of 26

FROM DE DEFINO

Every 10: 819L11

FORM QMB-2597(03:00) Freedom Versions Cheristia

9/6/06 Janet Walker-ander

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0361 CENTERS FOR MEDICARE & MEDICAID SERVICES (XX) DATE BURVEY COMPLETED (X2) MULTIPLE CONSTRICTION STATEMENT OF DETICIONOUSS AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/SUA IDENTIFICATION NUMBER: A BUILDING B. WAND 08/03/2006 1,12500 STASET ADDRESS, CITY, STATE, 2P CODS NAME OF PROVIDER OR SUPPLIER TON BENES! ROAD PORTNEUF NEPHROLOGY CENTER, LL POCATELLO, ID 83201 PROVIDERS MAN OF GORRECTION
(FACH CONNECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
BEFINENCY) SUMMARY STATEMENT OF DEPOSENCES REACH DEPICIENCY WAST BE PRECEDED BY PULL REGULATORY OR LSE IDENTIFYING INFORMATION) PREFIX TAG OXID ID PRESPIX TAG V 142 V 142 Continued From page 4 (V129 continued from page 4) 9-17-06 at least a quarterly basis, but did not state how 6. The Governing Body and FA are offen, at a minimum, patients would be seen. aware of their responsibilities to this The half page policy was the only policy directing facility and the patients. All charts the care of social services. This was confirmed have been audited for those lacking by the administrator on 8/8/06 at 2 PM. in psychosocial assessment and, Social services were not being provided to progress notes. These areas have patients in a systematic majurer. (Refer to V445 now have been brought current. and V447 as they relate to the lack of Care plans will be patient specific psychosocial assessments, plans, and services.) The policy did not provide sufficient direction to including addressing social functioning and adjustment and will staff to provide social services. remain current utilizing a 2. The policy "Development of Patient Care Plans spreadsheet as a tracking tool. Refer and Long Term Programs", revised July 2004, also to V445. stated PCPs would be developed and then 7. Patient charts have been reviewed at least every 6 months. The policy did requested from previous not state what information the PCPs should management. Social worker has contain. The form "Palient Care Plan-Progress Note", used for all patients, contained sentions brought psychosocial assessments with Information related to anamia, current with the use of current care odjeodystrophy, nutrition, isborstory values. plans and progress notes. Care dialysis adequacy, co-morbidities, cardiovasoular status, functional status, and medications. The plans will be patient specific plan was preprinted with information such as including addressing social inboratory values, medications, weights, stc., by functioning and adjustment. The the computer. Boxes were present to fill in or CSS will be available for assistance chuck, such as whether the blood pressure was and support beginning the 29th of bart fretten or not and whether or not the pattern had August through September 8. Refer gained weight. Except for a lew lines under the nutrition section, the pisns did not contain space also to V447. to write in the special needs of individual patiants In relation to their care or how staff would address FA will be responsible. those needs. No section was avoilable identifying and addressing psycho-social needs. The plans were not flexible enough to identify and address patient specific needs.

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FORM CMS-0507 (00:00) Previous Versions Obsolete

9/6/06 Janet Walker Anderson

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FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0381 CENTERS FOR MEDICARE & MEDICARD SERVICES pos) Datie Burviey (XX) MAINTIPLE CONFERENCEION ALLOWED PRODUCED PROJECT (1X) EDITOR (1X) EDITOR (1X) STATEMENT OF DEFICIENCIES AND PLAN OF CONFECTION A BUILDING 08/03/2006 132506 NTREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER ON BUPPLIER 2001 DENGH ROAD PORTNEUF NEPHROLOGY CENTER, LL POGATELLO, ID 88201 PROVIDER'S PLAN OF CONNECTION (EACH CORRECTIVE ACTION ENOUGH BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION SLINDARY STATEMENT OF DEPCHAGES (EACH DEPOSISY MUST BE PRECEDED BY PILL REQULATORY OR LSC IDENTIFYING INFORMATION ID PREFIX TAG (X4) ID PRLTIX TAG DEFICIENCY V 142 V 142 Continued From page 5 V142 PERSONNEL P/P: GOOD 9-17-06 CARE PCPs were not personalized for individual patients and did not reflect psychological, soolsi, 1. Policies and Procedures for care and functional needs. (Rafer to V193 as it relates plans are in place. Patient to the lack of comprehensive PCPs.) The policy information prior to the April, 2006 did not provide sufficient direction to staff to acquisition has not been available for davelop complete PCPs. dietitian and social worker notes but has been requested from the previous V 146 405.2138(d)(2) PERSONNEL P/P: INCIDENTS V 148 management of the facility. Charts REVIEWED are in the process of being re-The governing body, through the chief executive officer of the EBRD facility, is responsible for constructed. Social worker has brought psychosocial assessments maintaining and implementing written personnel current with the use of current care policies and procedures that ensure that reports plans and progress notes. An of incidents and accidents to patients and additional progress note page will be personnel are reviewed to identify health and added to charts for better patient safety hazaros. specific care. A checklist was utilized This STANDARD is not met as evidenced by: as an audit tool. Care plans will be Based on review of clinical records, facility patient specific including addressing policies, and occurrence reports, and staff social functioning and adjustment. A interview, the governing body failed to assume Case coordinator also meets with responsibility for maintaining and implementing each patient individually on a written personnel policies and procedures to monthly basis regarding their care ensure that reports of incidents and accidents in patients and personnal were reviewed in order to plan, including specific patient needs. identify health and safety hazants. Two of two The CSS will be available in the significant incidents that were documented in the preceding quarter had not been investigated to determine their causes and suggest ways to clinic for assistance and support beginning the 29th of August through prevent future incidents. The findings include: September 8. Patient charts will be audited monthly at 10% to ensure all 1. Two eignificant incidents were noted as having remain current for care plans. Refer occulted in the past quarter prior to survey. also to V445 and V447. These included: pettent #1 was a 61 year old male with a (V142 continued on page 7)

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PANS ID: ETFL11

FORM CMS-2587(02-09) Previous Vendons Concesso

9/6/06 Janes Walker anderson

if continuedon short Page it of 28

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICARD SERVICES DATE BUREYEY
COMPLETED (X2) MACTIFIE CONSTRUCTION OX1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION HUMBER: STATEMENT OF DEFICIENCIES AND PLAN OF CONFECTION a waldeng 08/03/2008 B. WIND 132506 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER SEEL BENCH ROAD PORTNEUF NEPHROLOGY CENTER, LL PODATELLO, ID 83201 PROVIDER'S PLAN OF CORRECTION (PACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE OUTMARY STATEMENT OF DEPICIENCES (EACH DEPICIENCY MUST BE PRIDEEDED BY FULL RECULATORY OR LEC IDENTIFYING REFORMATION) KO PREFIX TAG (V142 continued from page 6) V 146 9-17-06 Continued From page 8 2. Care plans will include an attached diagnosis of ESRD. He began dialysis of the sheet for progress notes that will facility on 11/8/05. A late entry by the LPN, dated more specifically address patient's 6/1/08, stated Patient #1 had received dialysis vid needs. A Case Coordinator also another petient's reused distyzer on 1/27/06. The meets with each patient individually peatment was stopped. The blood in the dialyzer and tubing was not returned. The correct distyzer on a monthly basis regarding their was then placed on another mechine and dialysis care plan, including specific patient continued. needs. The CSS will be available in the clinic for assistance and support Patient #6 was a 69 year old male with a beginning the 29th of August through diagnosis of ESRD. He began dialysis at the facility on 2/3/06. A run sheet, dated 6/23/06, September 8. Patient charts will be stated a needle became dislodged while the audited monthly at 10% to ensure all patient was receiving dialysis resulting in a 500 remain current for care plans. Refer maliber blood iosa. also to V193. Occurrence reports were reviewed. An accurrence report had been completed for the FA to be responsible. incident involving Patient #6 but not for the other incident. Documentation was not present that 9-17-06 V146 PERSONNEL P/P: either incident had bean investigated by the INCIDENTS REVIEWED facility in order to determine their causes and prevent further incidents from occurring. This Staff was in-serviced on August 29 was confirmed by the Administrator on 8/2/08 at regarding policies and procedures 3:20 PM. She stated the Incidents had not been relating to adverse occurrences and Investigated. timely documentation. Staff was also in-serviced regarding preparing 2. The policy, "ADVERSE OCCURRENCE REPORTING POLICY (NON-TEAMMATE access sites for treatment such as taping adequately and ensuring RELATEDY', revised July 2004, stated \*1. Any access sites are uncovered during unexpected event that is inconsistent with treatment. Late entries have been the...routine provision of of acute dialysis..." should be reported on a specific form. The policy completed for both incidents and stated "4. After completion of the (form), the AOR forms. Administrator/designee of manager will review the form for completeness and legibility." Except for (V146 continued on page 8) incidents involving "unexpected deaths,

Partitly ID: IDIPPACE

Evertick BIP.11

PO/MI CMS-200762-00) Provious Varakma Obsoluta

9/6/06 Janet Walke Andleson

PRINTED: 09/17/2006

If continuation sheet Page 7 of 26

DEPART	MENT OF HEALT)	AND HUMAN SERVICES  K MEDICARD SERVICES				FORMA OMBINO.	NPPROVED 0838-0381
STATEMENT	OF DEFICIENCIES F CONSECTION	GCI) PROVIDER/SUPPLESPOLIA DENTIFICATION NUMBER:	(X2) M A 19(#		не сонятнистном	COMPLETED	
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PORTNE	uf nephrology (	center, LL	ļ		DCATELLO, ID 83201		
DIA) ID PREFEX TAG	SLINMARY ST (EACH DEFICIENC RECEALATORY OR	ATEMENT OF DEFICIENCIES Y MUST BE PRECESSED BY FULL LISC (DENTIFYING DEFORMATION)	D PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REPERENCED TO THE APPL DEPKIENCY)	AONATA INTO DE AICON	(XS) COMPLETION SATE
V 146	evenis", the policy investigation.  The Administration S:20 PM. She size corporation experiments for the street of	telizations, and/or sertinel  did hot require an  rwas interviewed on 8/2/08 at  and did not know what the  stated in relation to the  didents.  TERM PROGRAM & CARE  stains for each patient a written  mend a written patient care plan  ch patient receives the  and care and the appropriate  nodality. The patient, or where  int or legal guardian is involved  earn in the planning of care.  It is not met as evidenced by:  of clinical records and facility  and and staff inforcials.	٧	148	(V146 continued from page The Quality Committee will adverse occurrences at the Quality needed. All necessary testing patients involved has been completed to ensure their sa FA will report to CQI month.  V185 LONG-TERM PROGAND CARE PLAN CSS audited patient charts term and care plans and all brought current. Psychoso assessments were brought outilizing a checklist as an a tool. An additional note paradded for progress notes to address patient specific needs. Administrative Ass will audit charts at 10% more payere all remain current.	7) review quality as a g of fety. for long-will be cial current uditing age was better eds conal istant onthly to	9-17-06
	determined the dipartent care plant care plant received appropriate ensure patient consumers of present parcels as	is lyels facility felled to davising a to ensure that each patient in the facility failed to an pare were beset on an attents needs including a seamount (V192); and falled to			report to CQI monthly. Re to V192 and V193.  FA will be responsible.		
	palierds, reflecti functional heads cumulative effect resulted in the in	the personalized for individual ing the psychological, andial, and of patients (V183). The it of these systemic practices sublity of the facility to meet it defined by a comprehensive					

CENTER TATELERAT NO PLAN OF	S FOR MEDICARE OF DEFICIENCES CORRECTION	A MEDICARD SERVICES (X1) PROVIDENTE PRINCIPLE (X1) PRINCIPLE (X1	A. MAIL	DIKG	CONSTRUCTION	DOS) DATE SUB DOS DATES SUBJECT	ED I
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V 192	ASSESSMENT BY There is a written patient of an ESRI days is patients u ESRI days is patients u ESRI freelity; see maure of the patie prescribed, and a needs.  This STANDARD Based on review interview, it was consulted in the patient patient can peed including a patient in a service of the patient in a service	patient care plan for each Discility (including home inder the supervision of the 8405.2163(a)), based upon the ints lineas, the treatment is assessment of the patients is not met as evidenced by: of clinical records and start intermined the fudility failed to se plans for 8 of 9 patients (the office in assessment of patients) is paychospoint assessment, is lack of social service plans for	>	192	V192 PATIENT CARE F WRITTEN, ASSESSMEI Care plans will include ar sheet for progress notes the more specifically address needs. The facility currer Case Coordinator for each who meets with each pati individually on a monthly regarding their care plan, have been audited for tho psychosocial assessments been brought current. Ca- will be patient specific in addressing social function adjustment and will rema utilizing a spreadsheet as	nt BASED attached nat will patient's ntly has a n patient, ent basis All charts se lacking in and have are plans cluding ning and in current a tracking	9-17-06
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	diagnoses of ES He began distys 2002. He lived	a 53 year old male with RD, diabetus, and achisophrenis ing at the facility in November n a nursing home due to a sility. When observed in the n 811/08 at 11:30 AM, the pattent					

Hours ID: 61PL15

POPAL CMS-2007(05.06) Previous Versions Charles

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	was lying in a rock	ner with a blanket pulled over					Ì
	Lantoniaian miningi i	morning softly. A distyring this was not unusual behavior					
	Tana Salama A material to	eocial passessment had not or this patient and the PCP,		)			Ĭ.
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	* Patierk#4 was s	38 year old female with					Ì
		(D, diebetes, and a history of tion in 2003. She began	1	Ì			
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		o miliant and her i CM. GERCO					İ
	7/18/08, did not	nchide a plan for soois activities.	1	,			}
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	Manager of 69	a 59 year old male with RD and disbelos. He had been					
	dianging in the f	acility stricts 2/3/08. A					1
	i announced the second	ME PROTECTOR REPORTED A PROPERTY LICENSES	(				1
	1	include a plan for social services					
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<b>\</b>	I make a subdivious floury	five regressor SIGN DECIDENTS	1				
	introduced on the first of	facility since 6/23/08. She reside are facility at the state psychiatric	a		La constant de la con		
	harmini The in	Hist numing Assessinent Cities					
1	Trip and administration of the	t was very uncooperative to Then esteed questions, she would					
1	Mathematical II. A.	NOTE CONCLUDE EVENT ID: 51F			A 10 E DOLLING	li configurion v	lunt Page 10

PLAN OF CORRECTION  132898  B. WING  B. WING  DEFINATION ADMITS AND BEAUTY OF DEPOSITION OF DEPOSITI	TEMPRE	OF DEPENDENCES	B MEDICAID SERVICES  O(1) PROVIDER SUPPLIERCIA  DENTIFICATION NUMBER:	l` '	TIPLE CONSTRUCTION	OCH DATE 6	URIVEY STED
(13268)  STREY ADRESS, CITY, STATE, ZIP CODE ZIM BENEARY STATEMENT OF DEFOCENCES PROPERLY REPLICATION SHOULD BE GRAND CONSTRUCTION SHOULD BE CONSTRUCTED BY FILL. TAG  TAG  Continued From page 10  Temporal inappropriately, i.e.; they won't let me have potent chips because I am distable. When explaining reason for no potent dispa, pt. becames agricated. PI just wantad to go home. "You are just experimenting on me, there is nothing wrong."  Cated (state hospital) and spoke with (RM) re: pite fit." A psychosocial assessment had not boen completed for this patient and the PCP, detail 7/18/08, kid not include a plan for social services.  * Patient #7 was a 39 year old male with diagnoses of ESRD and spine bifids. He had been dialyzing in title facility since 8/14/03. A hospital HSP on 1/17/06 stated the patient had been skipping distysts sessions which led to horsessed washings a note; and the patient had been skipping distysts sessions which led to horsessed washings. A physician progress note,	PLANCE	CORRECTION	DEMINICALISM ACMICAL	A. BURL	34¢		
ORTNEUF NEPHROLOGY CENTER, LL  SEMEMARY STATEMENT OF DEFORENCES PROCEDURED MART IN PROCEEDED BY FULL PREFIX REQUILATORY OR LSC ENTERVISE INFORMATION)  V 192  Continued From page 10  respond Inappropriately, i.e.; they won't let me have potato chips because I san disabelt. When explaining reason for no potato chips, pt. became agritated. Plust wanted to go home. 'You are lust experimenting on me, there is nothing worse, it is that worked in the potent and the PCP, dated 7/18/08, did not include a plan for social services.  * Patient #7 was a 39 year old male with diagnoses of ESRD and spine biffids. He had been dialyzing in the facility since 8/14/03. A hospital H3P on 1/17/06 stated the patient had been dialyzing distysts sessions which led to increased weakness. A physician progress note,			132808				3/2008
ORTHELF NEPHROLOGY CENTER, L1.  DEGRARY STATEMENT OF DEPOSICES  RECULATORY OR LSC DENTEPHNE RECORDANCES  TAG  V 192  Continued From page 10  respond inappropriately, i.e.: they won't left me have potato chips because it am disbells. When explaining reason for no potato chips, pt. became agritated. Pt just wanted to go home. You are just experimenting on me, there is notiving wroning. Called (state hospital) and spoke with (RM) re: pite tr" A psychosocial assessment had not boan completed for this patient and the PCP, dated 7/18/78, did not include a plan for social services.  * Patient #7 was a 39 year old male with diagnoses of ESRD and spine biffds. He had been dialycing in the facility since 8/14/03. A hospital H&P on 1/17/08 stated the patient had been dialycing distycts sessions which led to locansed weakness. A physician progress note.	ME DE P	COMDER ON BUPPLER			THEET ADDRESS, OTTY, STATE, ZIP	2008	
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V 193	405.2137(b)(1) P/INDIVIDUALIZED The patient care individual, reflects functional needs result of the	clan is personalized for the interpretation, and indicates the partent, and indicates the partent, and indicates the partent, and indicates the partent as well as the diffications in approach as the long-term and short is not met as evidented by: of clinical records and facility interview, it was determined erronalized for individual not reflect the psychological, and needs of 8 of 9 sampled. The plans did not indicate the usell as the individualized approach needed for these		193	V193 PATIENT CARE PLA INDIVIDUALIZED Care plans will include an att sheet for progress notes that was more specifically address pat needs. A Case Coordinator a meets with each patient indiv on a monthly basis regarding care plan, including specific needs. The CSS will be avail for assistance and support be the 29th of August through September 8. Patient charts a audited monthly at 10% to er remain current for care plans FA will be responsible.	ached will ient's lso idually their patient lable ginning will be isure all	9-17-06

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	not address pation	Pe were not complete and did t specific issues which infected subments. Examples include:					
	diagnoses of ESRI facility in October: hospitel, dated 6/6 hrastit and had be medical record siz on 6/6/06 for altern for pneutromia and The use of axyger hospitalizations w PCP, dated 7/16/0 for shall to monitor Pations #3 was a diagnoses of ESRI he bearn dishain	B1 year old male with a D. He began dialyzing at the 1005. A HaP from a local 106, shated he had shortens of en on paygen for 8 years. His tad he had been hoopitalized at mental status and on 774/06 i possible pericerdial disease. He well as the two en not addressed on the 3. Nor were directions in place the patient for these problems. SI year old male with D, diabetes, and echicophrenia. It at the feelilly in November					
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A CONTRACTOR OF THE PROPERTY O	diagnoses of ESF myocardial infaro peritorical dialysis local prison and n through Gate City	a 28 year old female with tD, dishales, and a history of ion ion 2003. She began in July 2001. She resided in a prehved peritories dishysis. Dishysis. The patient was solity on the affamoon of 8/1/08.					
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		AND HUMAN SERVICES  & MEDICAID SERVICES				FORM OMB NO	08/17/2008 APPROVED 0838-0391
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9/6/06 Janet Walker andlewn

PRINTED: 06/17/2005 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0961 CENTERS FOR MEDICARE & MEDICAID SERVICES DATE BURVEY DES MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF COMMITTION (X1) PROVIDERIEUPPLIERIGLIA |DEHTIFICATION HUNBER a, ecullomág B. PANG. (19/03/2008) 132508 STREET ADDRESS, CITY, STATE, ZP CODE HABE OF PROVIDER OR BUPPLIER 2001 BENCH ROAD PORTNEUF NEPTROLOGY CENTER, LL POCATELLO, ID 88201 PROVIDERS PLAN OF CONSECTION (RACH CONVECTIVE ACTION BROULD BE CROSS-REPERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETICAL COMPLETICAL DATE BLINDARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MAINT BE PRECEDED BY FALL REGULATORY OR LEG IDENTITYING RECRMATION) (XA) (D) PREFIX TAG PREPIX V (93 V 198 | Continued From page 14 aglisted. Pt just wanted to go home. You are just experimenting on me, there is nothing wrong. Called (state hospital) and spoke with (RN) re: pts hx. Patters #6's PCP did not address how starf should approach the patient in order to limit nor apitation and paranola. \* Patient #7 was a 39 year old male with diagnoses of ESRD and spins bilids. He had been dialyzing in the facility since 9/14/03. A hospital H&P on 1/17/06 stated the patient had been skipping dialysis sessions which led to increased weatoness. A physician progress note, dated 6/5/09, related the patient was complaining of handaches and the patient had missed dialysis a tew times. The physician suspected the patient had usually headeches. The PCP, dated 7/17/06, did not address the non-compliance with dislysis Patient #8 was a 25 year old female with a day, rooks of ESRD. She began district at the facility in March 2006. Run sheets documented ner dialyale treatments were terminaled early 6 Innes in June 2006. Also, her dialysis goal was to ramove 7 kilos of fluid during 7 treatments in the same month. The PCP, dated 7/18/06, did not address the patient's early treatment termination or excessive fluid gain. Patient #9 was a 52 year old female with diagnoses of ESRD, and overson cencer. She begain dialyzing at the facility in Pehrusry 2006. A note from a nume practitioner at another facility on 6/30/08 stated the patient was to receive chamctherapy for her cancer. The PCP, dated 7/18/06, did not address the patient's cencer or chemotherapy in relation to her distysis

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		AND HUMAN SERVICES & MEDICAID SERVICES					FORM	: 0821772008 APPROVED .0838-0391
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∨193	and Long Term Prostated PGPs would This policy did not since PGPs would contain the progress Notice Contained sections anemia, estactions within the pragritude with info values, medications the paracitorist with info values, medications the paracitorist whether the computer. Boxes we such as whether the Except for a few lin the plans did not occupated of individual care or how stall with section was available psycho-social needs. The admitting at 3:20 PM, confirm preprinted items, the	siopment of Patient Care Plans ograms", revised July 2004, be developed for all patients, date what information the life. The form "Patient Care of, used for all patients, with information related to opply, nutrition, laboratory squacy, co-morbidities, us, functional states, and itent was taking. The plan was medicar such as laboratory s, weights, etc., by the were present to fill in or check, a blood preseure was stable or a patient had gained weight. He was the more the nutrition section, ordain space to write in special patients in relation to their outd address those needs. No led identifying and addressing is. The plans were not feedble and address patient specific istrator, interviewed on 872/06 red that, except for the sere was no place on the PCPs apocific numing and other	V	193			······································	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED DMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCES AND PLAN OF CONRECTION OCH MULTIPLE CONTITRUCTION COMPLETED (X4) PROVIDENSUPPLIENCIA IDENTIFICATION NUMBER: A BIELDNIC B. WANG 08/03/2008 127803 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2001 BENCH ROAD PORTNEUF NEPHROLOGY CENTER, LL POCATELLO, ID #3201 PROMIDERS PLAN OF CORRECTION (EACH CONNECTIVE ACTION SHOULD BE CROSS REPERENCED YO'THE APPROPRIATE DEFICIENCY) SUMMARY STATEMENT OF DEPOSITIONS (SEACH DEVICIENCY MUST SU PRECEDED BY FULL REGULATORY OR LSC EXENTRYPIC INFORMATION) ID PREHX TAG COMPLETION COMPLETION 405.2162(b)(2) STAFF RATIOS MEET PATIENT V 433 V 433 V433 STAFF RATIOS MEET 9-17-06 NEED8 PATIENT NEEDS The facility utilizes ratios staffing of Whenever pallents are undergoing distysis, an adequate number of personnel are present so at least 4-1. We believe that the ert of elsingarges al clier Helethreiten ert jeru observations made by patients and level of dialysis care being given and meets the surveyors were due to teammates needs of patients. learning new procedures and the operation of machines to them. This BTANDARD is not met as evidenced by: Teammate education is still ongoing. Based on atom and petient interview and The CSS will provide additional observation, it was determined the facility tailed to onsure an adequate number of personnal were present to meet the needs of patients. The educational support with new processes. A new staffing plan has tindings include: been put in place to ensure consistent care and adequate staff 1. Four patients and/or family members ware Interviewed during the survey on 8/1/08 and ratios. \$/2/06. Three of those patients completed their dialysis troutments were not started at the Staff was in-serviced on August 5 acheduled times. They said they had to well up to regarding Safety Checks and 46 minutes after their sestimed times for shalf to prescription verifications. No start their dialysis. In addition, three of those patients interviewed, stained staff did not closely patient will start treatment until 2 check test strips. Facility policy stated 2 staff teammates have verified that were to check test strips for the absence of prescription and safety checks are germicide in dialyzens prior to connecting patients correct and complete. FA will audit to tham. The three patients said one staff would flow sheets to ensure verifications hold up a last strip and another staff member across the room would plance at it without really and safety checks are being checking the strip. They said staff were too busy completed and documented. FA will to cross the room and look closely at the wirps. complete random checks by observation regarding timely patient 2. Several short observations were made between 11 AM and 2:80 PM on 8/2/06. During care. that period, 3 machines alarmed, lasting betwee 1 minute 16 seconds and 1 minute 55 seconds, (V433 continued on page 18) believe staff chacked the patient and the machine. 3. The administrator was interviewed on B/1/08 at

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PRINTED: 08/17/2009 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICARD REPVICES DOWN DAYE BURNEY OUR MILTIPLE CONSTRUCTION ETATEMENT OF DEPICIENCIES AND PLAN OF CONFECTION (N) PROVIDER/BUPTLER/GUA IDENTIFICATION NUMBER: A. PLEEDWICE DB/03/2006 132508 SYREET ADDRESS, CITY, STATE, ZIP COOR HARE OF PROVIDER OR SUPPLIER 2001 BENCH ROAD PORTNEUF NEPHROLOGY CENTER. LL. POCATELLO, ID 89201 PHONDER'S PLAN OF DURRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY) COMPLETION DAYS BLIMMARY STATEMENT OF BEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LEG (DENTUYING INFORMATION) PRÉPIX (XI) ID PREFIX TAG (V433 continued from page 17) V 433 V 433 Continued From page 17 9-17-06 The FA or designee will also observe 2:20 PM. She stated the staffing ratio under the to ensure teammates answer alarms in previous owners had been 1 dishvis technician to a timely manner and findings will be 3 patients. Under the new owners, that ratio had recorded on the monthly report. decreesed to 1 dislysis technician to 4 patients. Teammates failing to perform in a In addition, she stated the facility had changed dialysis machines in the post month and it was satisfactory manner will be counseled. taking longer to set up these machines. She sald name patients had been late to start dialysis Staffing patterns will also be reviewed during this time. The administrator was observed FA and CSS to determine appropriate working the floor at 11:30 AM on 8/2/08. Ohe stated also tried to work the floor during this time. times for breaks and lunch dependent ramer than attend to administrative duties, in an on care needs. attempt to keep shalf from falling behind during the change of patient shifts. FA to be responsible. V 440 V 440 405.2183 MINIMAL SERVICE REQUIREMENTS V440 MINIMAL SERVICE 9-17-06 REQUIREMENTS The facility must provide thelysis services as well Patient information prior to the an adequate laboratory, social, and distalic April, 2006 acquisition has not been services to meet the needs of the ESRD patient. available for dietitian and social worker notes but has been requested This CONDITION is not met as evidenced by: from the previous management of Based on review of clinical records and facility policies, and patient and staff interview, it was the facility. Charts are in the determined the distysis facility fished to provide process of being re-constructed. social services to meet the needs of ESRD The Social Worker is present in this patients. The facility talled to ensure social sarvices were provided to patients and their clinic full time and has in-depth families (VA45). The famility also failed to ensure knowledge of patients' needs and a social worker conducted psychosocial facility interventions. evaluations (V447). The cumulative effect of these practices resulted in the facility's inability to (V440 continued on page 19) provide social and psychological support to patients in a planned and systematic manner.

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PRINTED: 08/17/2008 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN BERVICES. OWB NO. 0938-0991 CENTERS FOR MEDICARE & MEDICAID SERVICES PER MILITIPLE CONSTRUCTION (NUI) CIATE BURVEY COMPLETED STATEMENT OF DEFICIENCIES AND PLAN OF CERRECTION (X1) PROVIDERBUPPLESICALA DENTIFICATION HUNGER: A BUILDING 08/03/2006 132508 STREET ADDRESS, CITY, STATE, ZP CODE HAME OF PROVIDER OR SUPPLIER 1001 DENCH MOAD PORTNEUF NEPHROLOGY CENTER, LL POCATELLO, ID 83201 PROJUDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REPERISHED TO THE APPROPRIATE DEFICIENCY) CONTRACTION CONTRACTOR SCHMARY STATEMENT OF DEPICENCES (SACH DEPICTORY MUST BE PRECEDED BY FULL REGULATORY ON LEG IDENTIFYING REFORMATION) PROFIX TAG KAJA PAFTA TAG (V440 continued from page 18) V 445 V 445 405.2163(c) SOCIAL SERVICES 9-17-06 Social worker has brought Social services are provided to patients and their psychosocial assessments current bns grifroques to betoerib ens bres collinal with the use of current care plans and maximizing the social functioning and adjustment progress notes. An additional of the patient. progress note page will be added to charts for better specific patient care. This STANDARD is not met as evidenced by: A checklist was utilized as an audit Based on review of clinical records and facility tool. Care plans will be patient policies, and patient and staff interview, it was determined the dielyais facility falled to ensure specific including addressing social social services were provided to patients and their functioning and adjustment. A Case families and were directed at supporting and coordinator also meets with each mendmixing the social functioning and adjustment patient individually on a monthly of 8 of 9 sampled patients (its 2-8). The findings basis regarding their care plan, nesion: including specific patient needs. The 1. The facility tailed to provided eocial earliess to CSS will be available in the clinic for B of 9 sampled patients (#6 2-9). Examples assistance and support beginning the lischde: 29th of August through September 8. Patient charts will be audited monthly \* Patient #2 was a 61 year old male with a diagnoses of ESRD. He began dialyzing at the at 10% to ensure all remain current facility in October 2005. Documentation of a for care plans. Refer also to V445 psychosocial evaluation was not present in the patient's medical record. A note by the MSW, and V447. detect 6/5/06, stated the patient was confused and disoriented during a treatment. She had notified Fa to be responsible. the petionita wife of his behavior. No other MSVV notes were present. The MSW stated she did not have a documented evaluation or other (V445 - Please refer to page 20) documentation of MSW involvement when this Information was requested requested on 8/2/08 at 10:15 AM. \* Patient #3 was a 53 year old male with diagnoses of ESRD, diabetes, and actizophrenia. He happen dialyzing at the facility in November 2002. He fived in a muraing home due to his

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psychiatric disability. When observed in the

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9/6/06 Janet Walker-Anderson

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PRINTED: 08/17/2008 FORM APPROVED OMB NO. 0858-0381 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES DIES DATE SLIKVEY OCT MULTIPLE CONSTRUCTION STAYFMENT OF DEPICENCIES AND PLAN OF CONFECTION (X1) PROVIDERADIPPLIERICLIA IDENO IPICATION NUMBERS A. MILDING N. WING 08/03/2006 13250s HANC OF PROYIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COOS 2504 BENCH ROAD PORTNEUF NEPHROLOGY CENTER, LL PDCATELLO, ID 89201 PROVIDER'S PLAN OF CORRECTION (SACH CORRECTIVE ACTION ISSUED BE CROSS-REFERENCED TO THE APPROPRIATE DESCRIENCY) MOLENCARIOS MOLENCARIOS MANGEL SUMMARY STATEMENT OF DEPREMENTS (EACH DEPOLINCY IN IST BE PRECEDED BY FULL REGULATORY OR LSC EXHTIPYING RECAMATION OXI) ID PREFIX TAG V 445 Continued From page 19 ¥ 445 V445 SOCIAL SERVICES 9-17-06 It is believed that the root cause of distysis facility on 8/1/06 at 11:30 AM, the patient this problem was related to was lying in a recliner with a blanket pulled over his head mouning softly. A dialysis technician stated this was not unusual behavior for him. discontinuity in medical records at the time of the April, 2006. Charts are in Decumentation of a psychosocial evaluation and the process of being re-constructed. other documentation of MSW involvement was Social worker has brought not present in the patient's medical record. The psychosocial assessments current MSW sisted she cld not have a documented evaluation or other documentation of MSW with the use of current care plans and involvement when this information was requested progress notes. A psychosocial on 8/2/08 at 10:15 AM. She also stated she had progress note page will be utilized for spoken frequently with the social worker at the better documentation of Social nursing home where the patient resided but had Worker participation in care planning not documented these conversations. and in documenting patient specific \* Patient #4 was a 38 year old temele with care. diagnoses of ESRD, diabetes, and a history of myocardial infarction in 2009. She began peritoneal dialysis in July 2001. She resided in a Administrative Assistant will continue monthly chart audits of 10% local prison and received periloneal dialysis through Gale City Dialysis. The patient was to ensure social assessments, care observed at the facility on the afternoon of 8/1/08. plans and progress notes are current. Site was in shackles and accompanied by two guards. The nurse who directed the home Social Worker will be responsible. dialysis program was interviewed on 8/1/06 at 4:10 PM. She said she was not aware of the reason for the patients incorporation. She said 6 high protein diet had been recommended for the patient but she was not sure the prison would provide this. The PCP, deted 7/18/06, did not of finte rol realing entite realists entitled communicate with regarding the patient's care, did not state what crime the patient had been convicted of, and whether ar not special ert museus of nexat ed of bebeen to ensure safety of the patient and staff. Documentation of a psychosocial evaluation was not present in the patient's medical record. The only MSW note

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DEPART	IMENT OF HEALTH	AND HUMAN SERVICES A MEDICAID SERVICES				PRINTED: FORM / ONE NO.	<b>IPPROVED</b>
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V 445	present was dated was in for a clinic via the MSW. The idocumented evaluation of the mass a degree of ESR dielyzing in the fact Datementation of the present in the social worker was evaluation when it on 8/2/06 at 10:16.  * Patient #6 was a degree of ESR and schizosiffaction when it on 8/2/06 at 10:16.  * Patient #6 was a diagnoses of ESR and schizosiffaction in a long term certicopital. The initial respond in a long term certicopital. The initial respond in the fact in a long term certicopital. The initial respond in the fact in a long term certicopital. The initial respond in the fact in a long term certicopital. The initial respond in the fact in the potential respond in the proper evaluation and off involvement was a medical record. Proper staff should in the solid in the registation and off involvement was a medical record.	7/18/06. It stated the patient set and did not wish to speak MSW stated she did not have a stion or other documentation of when this information was 6 at 10:15 AM.  89 year old male with 0 and disbetes. He had been lifty since 2/3/08. a psychosocial evaluation was patient's medical record. The not able to provide the is information was requested.		445			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES	PRINTED: 08/17/2008 FORM APPROVED OMB NO. 0898-0891
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PORTNEUF NEPHROLOGY CENTER, LL 2001 SENOR REPORTELLO, POGATELLO,	• •
(CACH)	CONNECTIVE ACTION SHOULD BE STRENGED TO THE APPROPRIATE DEPORTMENT)
this information was requested on 8/2/08 at 10:16 AM.  * Patient \$7 was a \$9 year old male with diagnosas of ESRD and spine billids. He had been dialyzing in the facility since \$1/4/03. A hospital H&P, deted 1/17/08, stated the patient trad been skipping dialysis sessions which led to increased weakness. A physician progress note, dated \$/5/08, stated the patient was complaining of headsohes and the patient had increased weakness. A physician progress dialysis a few times. The physician suspected the patient had thems he massed dialysis treatments. Documentation of a psychosocial evaluation and other documentation of MSW involvement was not present in the patients medical record. The MSW stated she did not have a documentated evaluation or other documentation of MSW involvement when this information was requested on \$200 at 10:15 AM.  * Patient \$8 was a 25 year old female with a diagnosis of ESRD. She began dialyzing at the facility in March 2006. Documentation of a psychosocial evaluation and other documentation of ASW involvement was not present in the patienth medical record. The MSW stated she did not have a documented evaluation or other documentation or other documentation or MSW involvement when requested on \$12/05 at 10:15 AM.  * Patient \$9 was a 52 year old female with diagnose of ESRD, and overfan cancer. She began dialyzing at the facility in February 2006. A nois from a nurse practitioner at another facility on \$6/3006 stated the patient was to receive	

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9/6/06 Janes Walker- Anderson

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DEPAR	MENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES			FORM	APPROVED 0938-0391
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()(A) ID PREFIX TAG	BUMBARY 617	ATEMENT OF DEFICIENCIES LEIST DE PRICEEDED BY FULL SO DEMYSPYNG HAFORMATICH	PREFIX 7AG	PROMOTERS PLAN OF CORRECTIVE ACTION 6 CROSS REFERENCED TO THE A DEPROMENCY)		CHAPTETICM DATE
V 445	Decimentation of other documentation of present in the passent in	a psychosocial evaluation and on of MSW involvement was scilant's medical record. The id not have a documented documentation was requested this information was requested the interviewed on 8/1/06 and se petients stated they had not ser in the past 8 months and did writer currently worked at the rision of Social Services", dated at services would be provided and of time the Social Worker by will be dictated by the needs to completed within 60 days. If the MSW would participate in the mean plans for all patients. It would participate the MSW would participate in the MSW would participate to the MSW would participate to the MSW would write a seat quarterly. This policy had	V 445			

9/6/06 Janet Walker-Underson

FORM APPROVED DAIB NO. 0838-0391 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES OUT MULTIPLE CONSTRUCTION (OD) DATE BURVEY COMPLETED SYMPEMENT OF DEPOSENCIES AND PLAN OF GORRECTION (X1) PROVIDERUBUPPLERICUA IDENTIFICATION NUMBER A. EMILINANO R UNING 08/03/2006 132506 STREET ADDRESS, CITY, STATE, ZP CODE NAME OF PROVIDER OR SUPPLIER 2001 BENCH ROAD PORTNELP NEPHROLOGY CENTER, LL POCATELLO, ID 83201 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CHOSS-REPEMENCED TO THE APPROPRIATE DEFICIENCY) BRANDARY STATEMENT OF DEPOCHACES (EACH DEFICENCY MUST BE PRECEICED BY FIRL RESULATORY OR LEC IDENTIFYING IMPORMATION) ID PREHX TAG (XI) ID PREFIX TAG V 447 405.2168(c) SOCIAL WORKER V447 SOCIAL WORKER 9-17-06 RESPONSIBILITIES RESPONSIBILITIES The qualified social worker is responsible for The Social Worker is present in this conducting psychosocial evaluations, participating in team review of patient progress and clinic full time and has in-depth knowledge of patients' needs and recommending changes in treatment based on facility interventions. There was the patient's current psychosocial needs, discontinuity in documentations providing casework and groupwork services to associated with the April, 2006 patients and their families in dealing with the special problems associated with ESRD, and acquisition. Prior Social Services identifying community social agencies and other documentation has been requested resources and essisting petients and families to from the previous management of the utibe them. facility. Charts are in the process of being re-constructed. Social worker This STANDARD is not met as evidenced by: has brought psychosocial assessments Based on review of clinical records and facility policies and staff interview, it was determined the current with the use of current care dialysis facility falled to ensure a social worker plans and progress notes. An conducted psychosocial evaluations, for 8 of 9 additional progress note page will be sampled patients (#s 2-9). The findings include: added to charts for better patient specific care. 1. Eight of nine sampled patients (#s 2-9) did not have documented psychosocial evaluations. Examples include: The Social Worker is part of the Quality Committee and will self-\* Patient #2 was a 61 year old male with a diagnosts of ESRD. He began distiyzing at the teality in October 2005. Documentation of a report on progress with maintaining current documentation to the psychosocial availation was not present in the patients medical record. The MSW stated sha Committee. did not have a documented evaluation, when this Administrative Assistant will continue information was requested on 8/2/06 at 10:15 AM. monthly chart audits of 10% to ensure \* Palient #3 was a 53 year old mate with diagnoses of PERD, diabetes, and achizophrenia. social assessments, care plans and progress notes are current. He began dialyzing at the fecility in November 2002. He fived in a nursing home due to his Social Worker will be responsible. payuhlatria disability. Documentation of a psychosocial evaluation was not present in the

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TRAGEN	MENT OF HEALTH	AND HUMAN SERVICES				FORM /	DBH7/2008 APPROVED		
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(M) SD PHEFEX TAG	ol Wildsteine der	VEHICLE OF SERVICE		ix.	PROVIDERS FLAX OF CORRECT (FACH CORRECTING ACTION SHO CROSS-HEFERENDER TO THE APPLICATION OF THE APPLICATION	TION ULD BE KOPRIATE	COMPLETION CON		
V 447	EMMANY STATEMENT OF DEFINACISE REGALATORY OF LIG IDENTIFYING DEPOSACTION)  Continued From page 24  patient's medical record. The MSW stated sive did not have a documented evaluation, when this information was requested on 8/2/05 at 10:15 AM.  *Patient \$4 was a 36 year old female with diagnoses of ESFD, diabetes, and a history of myocardist infarction in 2003. She began performed dialysts in July 2001. She resided in a local prison and received pertioned dialysts in suly 2001. She resided in a local prison and received pertioned dialysts in a suly 2001. She resided in a psychosocial evaluation was not present in the patient's medical record. The MSW stated she did not have a documented evaluation, when this information was requested on 8/2/06 at 10:15 AM.  *Patient \$6 was a 69 year old mate with diagnoses of ESRD and diabetes. He had been dialyzing in the facility since 2/3/06.  Documentation of a psychosocial evaluation was not present in the patient's medical record. The MSW stated size did not have a documented evaluation, when this information was requested in 8/2/06 at 10:15 AM.  *Patient \$6 was a 71 year old female with diagnoses of ESRD, methodificin with a PEG tube and schizoafficitive disorder. She had been distycing in the facility since 8/23/06. She reaided in a long term care facility at the state psychiatric heapital. Documentation of a psychosocial evaluation was not present in the patient's medical moord. The MSW stated she did not have a documented evaluation, when this information was requested on 8/2/06 at 10:15 AM.  *Patient #7 was a 33 year old male with diagnoses of ESRD and apina bilide. He had		PRBPIX TAG						

. 9/6/06 Janet Walker Anderson

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V 447	Documentation of other documentation of other documentation of the other documentation, when it was a diagnostic of ESR facility in March 20 psychosocial evaluation was redicted in the have a documentation was redicted to the diagnostic of ESR began dialyzing at Documentation of not present in the MSW stated she avaluation, when on at 2008 at 4:06. The policy "Provise 1/2/02, stated a purposent of the policy "Provise 1/2/02, stated a purposent of the policy "Provise 1/2/02, stated a purposent of the policy "Provise 1/2/02, stated a purposent of the policy "Provise 1/2/02, stated a purposent of the policy "Provise 1/2/02, stated a purposent of the policy "Provise 1/2/02, stated a purposent of the policy "Provise 1/2/02, stated a purposent of the policy "Provise 1/2/02, stated a purposent of the policy "Provise 1/2/02, stated a purposent of the policy "Provise 1/2/02, stated a purposent of the policy "Provise 1/2/02, stated a purposent of the policy "Provise 1/2/02, stated a purposent of the policy "Provise 1/2/02, stated a purposent of the policy "Provise 1/2/02, stated a purposent of the policy "Provise 1/2/02, stated a purposent of the policy "Provise 1/2/02, stated a purposent of the policy "Provise 1/2/02, stated a purposent of the policy "Provise 1/2/02, stated a purposent of the policy "Provise 1/2/05" at 4:06 the policy "Provise 1/2/02, stated a purposent of the policy "Provise 1/2/02" at a purposent of the policy "Provise 1/2/02" at a purposent of the policy "Provise 1/2/02" at a purposent of the policy "Provise 1/2/02" and "Provi	a psychosocial evaluation and on of MSW involvement was estient's medical record. The id not have a documented equested on 8/2/08 at 10:15  26 year old female with a b. She began distysing at the sation was not present in the ecord. The MSW stated she command evaluation, who this quested on 8/2/08 at 10:15 AM. 52 year old female with D, and overtan cancer. She the facility in February 2006, a psychosocial evaluation was patient's medical record. The lift not have a documented this information was requested.		447					
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9/0/06 Janet Walker- Anderson



JAMES E. RISCH -- Governor RICHARD M. ARMSTRONG -- Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888

E-mail: fsb@idhw.state.id.us

August 21, 2006

Janet Walker-Anderson, Administrator Portneuf Nephrology Center 2001 Bench Road Pocatello, ID 83201



Dear Ms. Walker-Anderson:

On August 3, 2006, a complaint investigation survey was conducted at Portneuf Nephrology Center. The survey was conducted by Gary Guiles, Registered Nurse. This report outlines the findings of our investigation.

## **Complaint # ID00001692**

Allegations #1:

The patient was given the wrong dialyzer. He dialyzed for 20-30 minutes before the

mistake was discovered.

Findings:

An unannounced visit was made to the dialysis center on 7/31/06. A full Medicare recertification survey was conducted from 7/31/06 through 8/3/06.

In one record, a late entry by the LPN, stated a patient had received dialysis via another patient's reused dialyzer on 7/27/06. The treatment was stopped. The blood in the dialyzer and tubing was not returned. The correct dialyzer was then placed on another machine and dialysis continued.

The physician on call for 7/27/06 was interviewed on 8/1/06. He stated he had seen the affected patient on the day of the incident. He said he had ordered laboratory work and would continue to follow the patient at intervals to determine whether or not an injury had occurred as a result of the incident. The patient the incorrect dialyzer belonged to did not have a history of any blood borne infection or high risk behaviors.

The Reuse Technician involved in the incident was interviewed. The technician stated it had been a busy day when the dialyzers were reprocessed. A number of cleansed dialyzers had been allowed to pile up on the counter and two of the dialyzer labels had accidentally been transposed. The incident was discovered during dialysis when staff checked the labels on the second dialyzer and found they did not match. The technician said all of the dialyzers had been checked following the incident. At that time, the labeling was correct for the other dialyzers. Following the incident, the Reuse Technician stated the reprocessing procedure was changed and only one dialyzer was now being placed on the counter at a time. This dialyzer was to be labeled and put away before placing another dialyzer on the counter. This procedure was observed during the three days the surveyor was in the building. However, when interviewed, the administrator stated the procedure had not been formally changed. She also stated staff could place up to two dialyzers on the counter at a time while labeling them. All care staff had been directed to re-read the existing policies on reuse and setting up dialysis. A meeting with patient care staff had been held on the morning of 7/31/06 prior to the surveyor's arrival. The purpose of the meeting was to discuss the incident and instruct staff to re-read the policy.

A comprehensive account of the incident could not be established. For example, apparently only one of the dialyzers was mislabeled. If the account staff related to the surveyor was accurate, two of the dialyzers should have been mislabeled. Four staff who were involved in the incident were interviewed but they could not explain what happened to the missing label. In addition, there was no record of the contaminated dialyzer being disposed of. Staff were told to dispose of it but stated they had stored the dialyzer in a refrigerator with other dialyzers awaiting reprocessing. There was no record it had been reprocessed. Staff were unable to locate the dialyzer on the morning of 8/2/06. The most likely scenario was that the dialyzer had been disposed of but staff could not substantiate this.

An investigation of the above incident had not occurred and none was planned. The Administrator was interviewed on 8/2/06 at 3:20 PM. She confirmed a formal investigation had not occurred. She stated she did not know what the corporation expected in relation to the investigation of incidents.

During the survey, another adverse occurrence was noted. A run sheet, dated 6/23/06, stated a needle became dislodged while a patient was receiving dialysis, resulting in a 500 milliliter blood loss. Again, the facility had not investigated the incident. This was also confirmed by the Administrator.

The policy, "ADVERSE OCCURRENCE REPORTING POLICY (NON-TEAMMATE RELATED)", revised July 2004, stated "1. Any unexpected event that is inconsistent with the...routine provision of of acute dialysis..." should be reported on a specific form. The policy stated "4. After completion of the (form), the Administrator/designee or manager will review the form for completeness and legibility." Except for incidents involving "unexpected deaths, unexpected hospitalizations, and/or sentinel events", the policy did not require an investigation.

Portneuf Nephrology Center August 21, 2006 Page 3

Conclusion:

The allegation was substantiated. It was determined the Condition of Coverage: Governing Body and Management, at 42 CFR 405.2136, was not met, partly because no procedure was in place to ensure significant adverse events were investigated. The facility was placed on a 90 day termination track with the opportunity to correct the deficiencies.

Allegation #2:

When staff cleanse patients' arms prior to cannulation, they don't cleanse the skin from the inside out. Instead, they rub the area all over in no particular pattern.

Findings:

The policy "AV GRAFT OR FISTULA CANNULATION WITH SAFETY FISTULA NEEDLES", revised, March 2004, stated, "9. With clean gloved hands, cleanse the site by applying an antimicrobial agent or germicidal agent using a circular rubbing motion, center out."

Conclusion:

On the morning of 8/2/06, three different staff members were observed cleansing patients' access sites prior to cannulation. All staff who were observed followed the policy and cleansed the sites from the center out. The complaint could not be substantiated.

Allegation #3:

Dialysis treatments are not started on time. Patients arrive at their scheduled times and have to wait 30-45 minutes for staff to actually begin their dialysis.

Findings:

Four patients and/or family members were interviewed during the survey on 8/1/06 and 8/2/06. Three of those patients complained their dialysis treatments were not started at the scheduled times. They said they had to wait up to 45 minutes after their assigned times for staff to start their dialysis. In addition, three of those patients interviewed stated staff did not closely check test strips. Facility policy stated 2 staff were to check test strips for the absence of germicide in dialyzers prior to connecting patients. The three patients said one staff would hold up a test strip and another staff member across the room would glance at it without really checking the strip. They said staff were too busy to cross the room and look closely at the strips.

Several short observations were made between 11 AM and 2:30 PM on 8/2/06. During that period, 3 machines alarmed, lasting between 1 minute 15 seconds and 1 minute 55 seconds, before staff checked the patient and the machine.

The administrator was interviewed on 8/1/06 at 2:20 PM. She stated the staffing ratio under the previous owners had been 1 dialysis technician to 3 patients. Under the new owners, that ratio had decreased to 1 dialysis technician to 4 patients. In addition, she stated the facility had changed dialysis machines in the past month and it was taking longer to set up these machines. She said some patients had been late to start dialysis during this time. The administrator was observed working the floor at 11:30 AM on 8/2/06. She stated she tried to work the floor during this time, rather than attend to administrative duties, in an attempt to keep staff from falling behind during the patient change of shifts.

Portneuf Nephrology Center August 21, 2006 Page 4

Conclusion:

The complaint was substantiated. A deficiency was cited at 42 CFR 405.2162 in

relation to the lack of direct care staff.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it will be addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208)334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

GARY GUILES, R.N.

Health Facility Surveyor

Non-Long Term Care

SYLVIA CRESWELL

Supervisor

Non-Long Term Care

GG/mlw